

PROJECT SUMMARY DOCUMENT

[Name of Project]

[Project Number]

Indian Health Service [Hospital/Health Center]

[Location], [State]

[Month/Year]

[Name of Area]

INDIAN HEALTH SERVICE

PUBLIC HEALTH SERVICE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PROJECT SUMMARY DOCUMENT
[Name of Project]
[Project Number]
Indian Health Service
Indian Health Service [Hospital/Health Center]
[Location], [State]

The use of funds cited in this project is in compliance with all applicable laws, regulations and guidelines.

PREPARED BY:

_____	_____
[Name]	Date
[Title]	
[Office]	
[Name of Service Unit, Name of Area, Tribe, etc.]	

RECOMMEND APPROVAL:

_____	_____
[Name]	Date
[Service Unit Director, Area Associate Director, etc.]	
[Name of Service Unit, Name of Area, Tribe, etc.]	

APPROVE:

_____	_____
[Name]	Date
Director	
[Assistant Surgeon General (If applicable)]	
[Name of Area]	

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 Indian Health Service [Hospital/Health Center/etc.]
 [Location], [State]

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[If any tab does not apply, it should be marked "not applicable," so that other tabs retain their standard designations. An additional tab, if needed, should be labeled "Tab D."]

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[Location], [State]

FACILITY DATA SHEET

IHS Area Office: _____

Service Unit Name: _____

Service Area Name: _____

Service Area: [List counties and states]_____

Tribe(s) Served: _____

Facility Name: _____

Facility Location: County: _____

City: _____

State: _____

Facility Building(s):

Building Description or Number	Year Built	Real Property Installa- tion Number	Existing Gross Area (m ²)	Building Owner (IHS/ Tribe)	Land Owner (IHS/ Tribe/ Lease to IHS)
xxx
xxx
xxx

Total Existing Space: _____ square meters

Health Programs: [List ALL existing health programs offered at this facility]

[When completed, this sheet will be used on all projects at this location with few, if any, changes]

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I. SUMMARY

[Summarize the project and include what is to be done, why, (e.g. to add 135 gross square meters of space or replace a boiler), and the type of funding (e.g. Medicaid/Medicare). This section should be no more than two paragraphs. Do NOT repeat information on the Facility Data Sheet.] See Tab A for project location maps and facility drawings.

II. PROJECT SCOPE AND DESCRIPTION

- A. Description of Project. [Provide a detailed explanation of the work to be accomplished by the project and the desired outcome of the project. Include all items reflected in the cost estimate. Providing portions of this information in bullet or list form versus narrative is acceptable.]
- B. Project Justification. [Explain why the project is necessary. Link the justification to the Area's Health Facilities Master Plan if appropriate. Discuss how the project will meet program needs, and how it will comply with legal, accreditation, and certification requirements. For example, projects using M/M funds must be tied to correcting specific JCAHO deficiencies. Cite specific JCAHO references by standard clause, chapter, paragraph, etc.]

III. DEFICIENCIES

The following deficiencies will be corrected as part of this project:

[List and describe only those facility deficiencies this project will address. Types of deficiencies include BEMAR, JCAHO, NFPA, HFPM, Public Law compliance items, ADA, etc. Describe the deficiency in the format shown in the following example. A separate table or listing should be used for each category of deficiencies (e.g. JCAHO, BEMAR, ADA). Each deficiency must be entered as shown in the current Facilities Engineering Deficiency System (FEDS) data base.

Example:

BEMAR ITEMS

FEDS Number	Description of Deficiency or Work	Cost per FEDS	Current Estimated Cost
12	Replace existing heating, only fan coil units	\$ 150,000	\$ 185,000
14	Replace boiler & piping	\$ 35,000	\$ 32,000
..
TOTAL COSTS		\$ XXX,XXX	\$ XXX,XXX

The "Cost per FEDS" is the estimated cost as shown in the FEDS data base. This is the amount that will be removed from the FEDS data base upon completion of the project. The "Current Estimated Cost" is the present estimated actual cost of completing the project.

Total current estimated cost of correcting
deficiencies in tables above: _____

IV. PROGRAM IMPACTS

[What impact will the proposed project have on staffing and health programs? CHECK ONE ITEM IN EACH CATEGORY]

Staffing: ___FTE increase ___FTE decrease ___no change

[(See Tab B for Staffing Summary.)] [Include Tab B if
staff increases.]

Health programs: ___added ___discontinued ___no change

[Program(s) Added (List):
Program(s) Discontinued (list):]

[Review guidance and requirements on expansion of services and staffing in instructions.]

V. WORKLOAD FOR EXISTING AND PLANNED SPACE

[This information must be included for projects resulting in new space or new program space. It is NOT necessary to include the workload information if both of the following conditions apply: (1) existing total space is not adjusted so any affected Department gains or loses more than 10% of its pre-project space, and (2) the project does not vary from the HFPM allowance by more than 10% on a room-by-room basis.]

[New space is any newly constructed space. New program space is non-program space which is converted into program space. See Tab C for further detail.]

[List the current and projected workloads three years from the present or one year after the projected completion date. List official workloads for programs affected by this project. These workloads are then used to determine space needs.

For example:

<u>Official Workload</u>	<u>Current FY94</u>	<u>Projected to FY97</u>
Service area		
user population	3,575	4,000
OPVs	17,875	20,000
PCPVs	11,800	13,200
.	.	.
.	.	.
etc.	etc.	etc.]

[See Tab C for a summary of HFPM authorized space, a summary of new space, a summary of existing/reallocated space, justifications for deviations from the HFPM, justifications for space for tribal programs, and a summary of net areas.]

[Total space to be added as part of this project: _____ square meters]

[Total existing space to be reallocated as part of this project: _____ square meters]

VI. SITE SELECTION

[State the location of the project site. A Site Selection and Evaluation Report is required if a site is proposed at a separate location from the existing facility (i.e., not in or adjacent to the existing facility). Refer to Tab A for project site location map.]

VII. PROJECT COSTS AND FUNDING SOURCES

[Provide a cost estimate for the proposed project as follows:]

A. Estimated Costs:

1. Design

A/E Design Fee	\$ _____
"638" Administration (if applicable)	\$ _____
Subtotal	\$ _____

2. Construction

A/E Const Admin/Observation	\$ _____
Building and Site Work	\$ _____
Construction Contingency	\$ _____
"638" Administration (if applicable)	\$ _____
Subtotal	\$ _____

3. Equipment and Furnishings	\$ _____
--	----------

4. Other [Describe]	\$ _____
-------------------------------	----------

5. Project Contingency	\$ _____
----------------------------------	----------

Total: \$ _____

[Project estimated costs to the midpoint of construction. The project contingency varies, and should be based on sound engineering practice for the type and size of the project. Cost estimates for difficult or complicated projects can be reviewed by ES.]

[If equipment and furnishings are zero dollars, provide a statement explaining why, e.g., existing equipment will be reused. A more detailed estimate may be attached if desired, but the above still must be included.]

B. Funding Sources:

[List funding sources and amounts in the following format:

Medicare/Medicaid Collections	\$_____
Maintenance and Improvement	
FY XX (current or prior year funds)	\$_____
FY XX (future year funds)	\$_____
Total:	\$_____

It is critical for projects which may require phasing or multiple year funding that the document preparer indicate the source of all proposed funds. If the project is subject to phasing due to funding availability, then provide a statement after the "total" that identifies each phase and the funds for each phase. Indicate the fiscal year of funding as well. Review guidance on use and availability of funds contained in the instructions.]

VIII. PROJECT SCHEDULE

[Provide a project schedule similar to the following format:

Design	3 Months
Construction	6 Months
Estimated Date of completion	November 1998

The project must begin design or construction within one year from the PSD approval date and be completed within five years of the approval date.]

TAB A

[Include maps and plans necessary to detail the extent of the project. This may include maps of the service unit, the service area within the service unit, and the facility; a site plan of a new facility; and floor plans of the building and the area of work.

- A. For new space, show the existing building(s) outline in relation to the proposed location of the new space, plus any new vehicle parking areas.
- B. For renovations or maintenance and improvement (M&I) projects, show the existing floor plan and the location of the renovation or M&I project.

All maps, site plans and floor plans should be legible, of architectural/engineering quality, and have north arrows and graphic/bar scales.]

TAB B
STAFFING SUMMARY

[List the staff of the affected departments in the format shown in the following example. This staffing summary is not required for projects that do not increase program space or add new space of any kind.]

Example:

	Current Staff	Proposed Staff	HFPM Criterion No.
<hr/>			
Community Health			
Clinical Director	0	1	(41.02)
Clinical Social Worker	3	3	(41.01)
.	.	.	.
.	.	.	.
.	.	.	.
etc.	etc	etc	etc

The criterion number is illustrated here as a tool for planning and design purposes.]

**TAB C
SPACE SUMMARY**

(All areas stated in square meters (m²))

[A free standing building consisting of only one department will not need the department to building gross conversion factor. Additionally, if a single department is being planned, mechanical space needs may be less than 12% of the floor gross area. These factors need to be considered on a case-by-case basis to determine their applicability. The tables shown in the following examples should provide this information: needed space (what you need); expanded space (what you're going to build); existing space (how you're going to use what you've got); what this project will provide (how you're going to use the space, new and existing). The subsections of this Tab are set up to assist in planning in an organized, logical manner.

HFBM AUTHORIZED SPACE (what you need or are authorized)

Use the Space Program Worksheets for the affected departments from the HFBM and insert them here. Since these sheets will be used to develop the space needs, placing them here will keep the planner from having to develop a separate table.

NEW SPACE (the space you're going to build)

[EXAMPLE]

Department Criterion # and Space Description	QTY	Area	Total	HFBM Authorized
33.0 COMMUNITY HEALTH				
41.02 Office-Supervisory	1	11	11	
41.03 Office-Open Plan, Clerical	1	9	9	9
	3	6	18	18
41.01 Office-Typical	12	9	108	108
Total Department Net Area:		146	146	—
Department Net-to-Gross Factor:			1.2	1.2
Department Gross Area:			175	175
43.0 EMPLOYEE FACILITIES				
43.06 Employee Lounge	1	11	11	11
43.03 Employee Toilets, Male		1	10	10
43.04 Employee Toilets, Female	1	10	10	10
Total Department Net Area:		31	31	—
Department Net-to-Gross Factor:			1.15	1.15
Department Gross Area:			36	36
Total Gross Area All Departments			211	211
Floor Gross Area (Total Department Gross Areas x 1.2)			253	253

[Some projects, such as storage buildings, may not need a 20% factor]

Major Mechanical Space (Floor Gross Area x 0.12): 30 30

[Some projects, such as those involving a single department or a storage building, will not need 12% for major mechanical space.]

PROPOSED TOTAL EXPANSION BUILDING GROSS AREA: 283 283

[Use a footnote to refer to Appendix C-I, "Justification for Deviation of Required Space - Health Facilities Planning Manual."]

EXISTING/REALLOCATED SPACE (how you're going to use what you've got)

[This table should show how you are planning to reuse any existing space. Only those spaces that are affected by the project need to be included.]

[EXAMPLE]

TOTAL EXISTING SPACE AFFECTED BY THIS PROJECT: 61

Department Criterion # and Space Description	QTY	Area	Total	HFPM Authorized
32.0 AMBULATORY CLINIC				
32.03 Exam Room	2	10	20	20
Subtotal Reallocated Net Area:			<u>20</u>	<u>20</u>
34.0 DENTAL				
34.01 Dental Operatory	1	11	22	22
1.01 Office-Typical	2	9.5	19	19
Subtotal Reallocated Net Area:			<u>41</u>	<u>41</u>
Total Reallocated Net Area:			<u>61</u>	<u>61</u>

JUSTIFICATIONS FOR DEVIATIONS OF SPACE FROM HFPM

Department Name:

[Provide justifications for new or reprogrammed net spaces which deviate more than 10% from the HFPM allocation (either above it or below it) on a room basis and on a department basis. Justifications must explain why and how you need more or can do with less space.]

JUSTIFICATIONS FOR SPACE FOR TRIBAL PROGRAMS

Department Name:

[Provide justification for the space required for tribal programs. Space should be in line with HFPM allocations from the HFPM for similar space.]

SUMMARY OF NET AREA (NEW EXPANSION AND AFFECTED EXISTING SPACE)
(how you're going to use the space, new and affected existing)

[This table provides a consolidation of the information determined in the other tables. Use department net areas; do not use gross areas.]

[Example and Format]

Department Criterion #	Existing Space*	Additional Space*	HFPM Space	Deviation Authorized*	Percent (m ²)	Deviation
33.0 COMMUNITY HEALTH	175	-28	147	184	-38	-28
43.0 EMPLOYEE FACILITIES	113	31	144	208	-64	-31
32.0 AMBULATORY CLINIC	1 534	20	1 554	2 763	-1 209	-44
34.0 DENTAL	426	41	467	537	-70	-13
Totals	2 248	64	2 312	3 692	-1 381	-38

* Department multipliers for department net to department gross to floor gross have not been shown. They do not represent the existing facility actual square meters. This table represents the impact of the addition on the identified programs.

[Add Footnotes as Appropriate.]